

Arizona Department of Health Services
Fire and Emergency Services Influenza Pandemic Checklist*

Done	In Progress	Not Started	I. Planning
			Pandemic influenza has been incorporated into emergency management planning and exercises for the organization.
			A person has been assigned responsibility for coordinating pandemic influenza preparedness planning (hereafter referred to as the pandemic response coordinator) for the organization.
			A planning committee has been created to specifically address pandemic influenza preparedness.
			Obtain and review copies of local and state Pandemic Preparedness Plans for areas pertinent of fire and emergency services.
			Develop response plan for scenarios likely to result in an increase or decrease in demand for your services during a pandemic (e.g. search and rescue, assist with quarantine, patient transport, etc).
			Ensure plan involves the establishment an Incident Management System, including written Standard Operating Procedures (SOP) and Mitigation Plan.
			Identify and define roles and responsibilities of Incident Commander who will coordinate the organization's emergency response and the response teams
			Establish relationships with county public health department and other emergency management groups. Define functional roles and responsibilities of internal and external agencies, organizations, departments, and individuals, and establish lines of authority.
			Define potential roles outside of usual duties (i.e. assisting healthcare facilities in mobilizing patients from one location to a quarantine location or other unusual activities).
			Establish communication systems and procedures (how, how often, when, what, and to whom will the information be disseminated) and articulate resource requirements. Consider establishing a shared channel for communicating influenza-related information to identified partners.
			Develop system to receive and distribute emergency vaccines and medications to organization's staff, through coordination with local public health department.
			Ensure inventory information related to PPE is accurate and able to meet anticipated demand.
			Set up authorities, triggers, and procedures for activating and terminating response plan.
			Ensure that all expenses related to pandemic activities are carefully tracked for any possible reimbursement opportunities.
			Determine training needs for organization, based on the plan.
			Implement an exercise/drill to test your plan, and revise periodically.

Done	In Progress	Not Started	II. Infection Control
			Ensure adoption of an infection control program that meets standard requirements.
			Ensure organization has a written infection control policy statement defining the organization's mission in limiting the exposure of members to infectious diseases during the performance of their assigned duties.
			Ensure organization has an experienced individual designated as the infection control officer.
			Ensure that infection control officer maintains communication links with county public health department to ensure that infection control practices continue to provide safe work practices to all employees.
			Strive to obtain universal influenza vaccine coverage for seasonal influenza.
			Ensure that infection control program includes any volunteer staff including CERT members.
			Ensure training and education is a component of the infection control program and includes proper selection and use of personal protective equipment, standard operating procedures for safe work practices in infection control, proper methods of disposal of contaminated articles and medical waste, cleaning and decontamination, exposure management, and medical follow-up.
			Ensure organization implements and enforces hand hygiene and respiratory etiquette practices.
			Establish fit testing and skill training on all respirator types used to prevent exposures.
			Identify and plan for resource requirements during surge capacity (i.e. during a pandemic) – PPE, medical gloves, P-100 respirators, vaccines, emergency supplies for potential shelter-in-place at worksite, etc.
			Establish funding sources for planning process and for surge capacity.
Done	In Progress	Not Started	III. Impact on Staff
			Determine impact on staff – absenteeism due to illness or family illness, child care, or refusal to come into work, and develop Absenteeism Contingency Plan.
			Determine potential safety issues and plan for prevention
			Train and prepare ancillary workforce (e.g. contractors, non-first responders, support staff)
			Ensure staff access to emergency vaccines and prophylaxis medications, as available and appropriate.
			Evaluate staff access to, and availability of, healthcare services during a pandemic. Services should include mental health and social services.
			Establish policies for restricting travel and preventing influenza spread at the worksite. Encourage proper hygiene practice and universal precautions.
			Disseminate Influenza Pandemic Planning Information to organization staff.
			Establish two-way information flow with staff and volunteers.
			Disseminate information frequently to all staff to prevent misinformation or fears based on rumors. Establish a dedicated staff member who is responsible for disseminating information.

* Taken from ADHS, HHS, and IAFF planning materials

